

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		1				
2		1					52		1				
3		1					53		1				
4		1					54		1				
5		2					55		2				
6		2					56		1				
7		2					57		1				
8		2					58		1				
9		2					59		1				
10		2	15				60		1	11			
11		1					61		1				
12		1					62		1				
13		1					63		1				
14		1					64		1				
15		1					65		1				
16		1					66		1				
17		1					67		1				
18		1					68		1				
19		1					69		1				
20		4	13				70		1	10			
21		4					71		1				
22		4					72	1					
23		4					73		1				
24		4					74		1				
25		4					75		1				
26		4					76		1				
27		4					77		1				
28		4					78		1				
29		4					79		1				
30		4	40				80		1	9			
31		4					81		1				
32		1					82		1				
33		1					83		1				
34		1					84		1				
35		1					85		1				
36		1					86		1				
37		1					87		1				
38		1					88		1				
39		1					89		1				
40		1	13				90		1	10			
41		1					91		1				
42		1					92		1				
43		1					93		1				
44		1					94	1					
45		1					95		1				
46		2					96		1				
47		1					97		1				
48		1					98		1				
49		1					99		1				
50		1	11				100		1	9			
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1					51		1				
2		1					52		1				
3		1					53		1				
4		1					54	1					
5		1					55		1				
6		1					56		1				
7		1					57		1				
8		1					58		1				
9		1					59		1				
10		1	10				60		1	9			
11	1						61		1				
12		1					62		1				
13		1					63		1				
14		1					64		1				
15		1					65	1					
16		1					66		1				
17		1					67		1				
18		1					68		1				
19		1					69		1				
20		1	9				70	1		8			
21		1					71		1				
22		1					72		1				
23		1					73	1					
24		1					74		1				
25		1					75	1					
26		1					76		1				
27		1					77		1				
28		1					78		1				
29		1					79		1				
30		1	10				80		1	8			
31		1					81		1				
32		1					82		1				
33		1					83		1				
34		1					84		1				
35		1					85		1				
36		1					86		1				
37		1					87		1				
38		1					88		1				
39		1					89		1				
40		1	10				90		1	10			
41		1					91		1				
42		1					92		1				
43	1						93		1				
44	1						94		1				
45	1						95		1				
46	1						96		1				
47		1					97		1				
48		1					98		1				
49		1					99		1				
50	1		5				200		1	10			
TOTAL IND.		1					TOTAL IND.		1				
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS		1					TOTAL CLAIMS		1				

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
201		1					251	1					
202		1					252		1				
203		1					253		1				
204		1					254		1				
205		1					255		1				
206		1					256		1				
207		1					257	1					
208		1					258		1				
209		1					259	1					
210		1	10				260	1		6			
211		1					261		1				
212		1					262	1					
213		1					263		1				
214		1					264		1				
215		1					265		1				
216		1					266		1				
217		1					267		1				
218		1					268		1				
219		1					269		1				
220		1	10				270	1		8			
221		1					271		1				
222		1					272		1				
223		1					273		1				
224		1					274		1				
225		1					275	1					
226		1					276	1					
227		1					277		1				
228		1					278	1					
229		1					279	1					
230		1	10				280		1	6			
231		1					281		1				
232		1					282		1				
233		1					283	1					
234		1					284		1				
235		1					285		1				
236		1					286		1				
237		1					287		1				
238		1					288		1				
239		1					289		1				
240		1	10				290		1	9			
241		1					291		1				
242		1					292		1				
243		1					293		1				
244		1					294		1				
245		1					295		1				
246		1					296		1				
247		1					297		1				
248		1					298		1				
249	1						299		2				
250		1	9				300		2	12			
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
301		2					351	1					
302		2					352		1				
303		2					353		1				
304		2					354		1				
305	1						355		1				
306		2					356		1				
307		2					357		1				
308		2					358		1				
309		2					359		1				
310	1		16				360		1	9			
311	1						361		1				
312		1					362		1				
313		1					363		1				
314		1					364		1				
315		1					365	1					
316	1						366		1				
317		1					367	1					
318		1					368		1				1
319		1					369		1				1
320	1		7				370		1	8			
321		1					371		1				
322		1					372	1					
323		1					373		1				
324		1					374		1				
325		1					375		1				
326		1					376	1					
327		1					377		1				
328		1					378		1				
329		1					79						
330		1	10				80		6				
331		1					81						
332		1					82						
333		1					83						
334		1					84						
335	1						85						
336		1					86						
337		1					87						
338		1					88						
339		1					89						
340		1	9				90						
341		1					91						
342		1					92						
343		1					93						
344		1					94						
345		1					95						
346		1					96						
347		1					97						
348		1					98						
349		1					99						
350		1	10				100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	37	↓		↓		↓
TOTAL DEP.		↓		↓		↓	TOTAL DEP.	375	↓		↓		↓
TOTAL CLAIMS							TOTAL CLAIMS	432					

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